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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. TNCR.210US1												
		First Named Inventor or Application Identifier Shiow-Hwei Hwang and Tao-Yi Fu												
		Title SYSTEM AND METHOD FOR COHERENT OPTICAL INSPECTION												
		Express Mail Label No. EV 321 716 576 US												
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P. O. Box 1450, Alexandria, VA 22313-1450												
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing)</p> <p>2. Application:</p> <p><input checked="" type="checkbox"/> Specification: (preferred arrangement set forth below) (19 pages) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description (all totaling _____ pages)</p> <p><input checked="" type="checkbox"/> Claim(s) (10 pages) <input checked="" type="checkbox"/> Abstract of the Disclosure (1 page)</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets 13)</p> <p>4. Oath or Declaration <input checked="" type="checkbox"/> unsigned (Total Pages 2) a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>		<p>6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope.</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>												
ACCOMPANYING APPLICATION PARTS														
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages</p> <p>9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an _____ with Patent Declaration Assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS) (_____ pages) & <input type="checkbox"/> PTO Form 1449 (_____ page) <input type="checkbox"/> Copies of IDS Citations/References</p> <p>12. <input type="checkbox"/> Preliminary Amendment _____ pages</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed.</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Check in the amount of \$1668.000 <input type="checkbox"/></p>														
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. _____ Filed on ___, entitled: _____</p>														
<p>PRIOR APPLICATION INFORMATION: Examiner _____ Group Art Unit _____</p>														
<p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below</p> <p style="text-align: center;">36257</p>														
<table> <tr> <td>Name James S. Hsue</td> <td>Reg. No. 29,545</td> </tr> <tr> <td>Attorneys for Applicant Parsons Hsue & de Runtz LLP</td> <td></td> </tr> <tr> <td>Address 655 Montgomery Street, Suite 1800</td> <td></td> </tr> <tr> <td>City San Francisco</td> <td>State CA</td> </tr> <tr> <td>Country: United States</td> <td>Zip Code 94111</td> </tr> <tr> <td></td> <td>Fax (415) 693-0194</td> </tr> </table>			Name James S. Hsue	Reg. No. 29,545	Attorneys for Applicant Parsons Hsue & de Runtz LLP		Address 655 Montgomery Street, Suite 1800		City San Francisco	State CA	Country: United States	Zip Code 94111		Fax (415) 693-0194
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	Fax (415) 693-0194													

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Please type a plus sign (+) inside this box =>

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	57-20	=	37	x	\$18	=	\$ 666.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	6-3	=	3	x	\$84	=	\$ 252.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))		+	\$280.00	=			
				BASIC FEE (37 CFR 1.16(a))	=	\$ 750.00		
				Total of above Calculations	=	\$1668.00		
				Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=			
				TOTAL	=	\$1668.00		

20. FEES:

- A check is enclosed for 1668.00.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664:

21. Other: _____

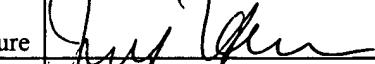
NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36257	<input checked="" type="checkbox"/> New correspondence address below			
NAME	James S. Hsue, Parsons Hsue & de Runtz LLP				
ADDRESS	655 Montgomery Street, Suite 1800				
CITY	San Francisco	STATE	California	ZIP CODE	94111
COUNTRY	U.S.A.	TELEPHONE	(415) 318-1160	FAX	(415) 693-0194

23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Parsons Hsue & de Runtz LLP
655 Montgomery Street, Suite 1800
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Date:	October 2, 2003	
Name	James S. Hsue	Reg. No. 29,545
Signature		
Express Mail Label No.	EV 321 716 576 US	